THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37029

FILED DEC 3 1956 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 370

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Ca. Hosp — Length of stay in 1b 16 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington 0367 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 617 S. Jefferson St (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Estelle Middle: Meta Last: Nolte
4. DATE OF DEATH Month: Nov. Day: 25 Year: 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 2-26-99
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jeffriesburg, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Martin L. Fink
14. MOTHER'S MAIDEN NAME Elizabeth Fink Heeger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-28-6344
17. INFORMANT Hospital Records - EFSC Hospital (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Widespread metastatic endometrial cancer — INTERVAL BETWEEN ONSET AND DEATH: 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary carcinoma of endometrium — 9 mo.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 172.X
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-9-56, to 11-25-56 and last saw her ~~him~~ alive on 11-25-56
Death occurred at 11 45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ned D Rodes (Degree or title) M. D.
22b. ADDRESS Ellis Fischel State Cancer Hosp
22c. DATE SIGNED 11-26-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/26/56
23c. NAME OF CEMETERY OR CREMATORY Lutheran ~~Washington~~
23d. LOCATION (City, town, or county) Washington (State) Mo.
24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton, Mo.
25. DATE RECD. BY LOCAL REG. Nov 26, 1956
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. L. Mosure.....

Licensed Embalmer No. 49

P. O. Address Fulton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.